



US Army Center for Health Promotion and Preventive Medicine

Acute Eosinophilic Pneumonia Update
23 May 2005

A new case of acute eosinophilic pneumonia was diagnosed in an active duty patient at Landstuhl on 20 May 05. Intubated, the patient had diffuse infiltrates on his chest x-ray. Bronchoalveolar lavage material revealed a high eosinophil count. He responded to steroid therapy and was extubated prior to transfer to Bethesda, where he is currently an inpatient at the Bethesda Naval Medical Center.



Acute eosinophilic pneumonia is acute febrile illness that can result in life-threatening respiratory failure. In spite of intense efforts, the cause remains unclear and deployment health practices already in place in the US Central Command Area of Responsibility should be continued.

- Stay hydrated
- Don't smoke! Cigarettes are dangerous.
- Wash hands frequently.
- Use cravat or dust mask to reduce dust inhalation.
- Use wet mopping when cleaning dust in living and work areas.
- Seek medical care immediately if you have fever, chills and cough.

More information:

[Pneumonia among US Military Personnel in the US Central Command Area of Responsibility](#), USACHPPM Information Paper, 19 November 2004

[Clinical Practice Guideline for the Management of Pneumonitis / Pneumonia in CENTCOM AOR](#), Walter Reed Army Institute of Research

[Acute Eosinophilic Pneumonia](#), Armed Forces Institute of Pathology

DRAFT [Summary of Acute Eosinophilic Pneumonia](#) to the revised edition of Technical Guide 273, Diseases of Tactical Importance to CENTCOM

Abstract: Acute Eosinophilic Pneumonia among US Military Personnel Deployed in or Near Iraq, Journal of the American Medical Association, Vol. 292 No. 24, December 22/29, 2004

[Acute Eosinophilic Pneumonia among US Military Personnel in or Near Iraq:](#) USACHPPM Press Release 40-04, 22 December 2004, regarding article in the *Journal of the American Medical Association*

[Incidence, severity, and trends of pneumonia/influenza and acute respiratory failure/pulmonary insufficiency, US Armed Forces, January 1990-June 2003](#), Medical Surveillance Monthly Report, Vol. 9, No. 6, September/October 2003